LOBBYIST ANNUAL REPORT FORM



State of Idaho

Ben Yeursa Secretary of State To Be Filed By:

L-2 LOBBYISTS (Sec. 67-6619)



05 JAN 10 PM 2: 01

Type or print clearly in black ink)
See instructions at bottom of page

Lobbyist's name and permanent business address

Corey Survey

Saint Alphoneus Reg. Medical Center

1/5/06

Date prepared

Period covered

(Mo.) (Day) (Yr.)

105	\$ N.Cu	utis for	at Boise ID	83706				12	34	2005		
Item 1	Totals	of all reportab	ole expenditures made or	incurred by Lol	byist or	by Lobbyist's Empl	oyer on behalf o	of Lobby	st's Empl	oyer.		
Category of Expenditure Reimbursed Personal Living and Travel Expenses Persining to Lobbying Activity Do Not Have to be Reported * Total Amount for All Employers				Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)								
				Employer N	o. 1	Employer No. 2	Employer N	No. 3 Employer No. 4		ует No. 4		
	inment nd Refreshm	ent	s <u>U30.32</u>	s 1,130.	32	s	\$		\$			
Living Accommodations												
Advert	ising											
Travel												
Teleph	one				_		·					
Other I	Expenses or	Services										
•		Total	s 4,130.32	s 1,130.	32	s	s		\$			
**			s you are reporting for requ					ould be er	stered on P	age 1.		
Item 2	The totals	of each expend	liture of more than fifty of Place		a legisla mount		f public office. of Legislators & P	NI: 04				
	Continued on	attached page(s)		<u> </u>		· · · · · · · · · · · · · · · · · · ·						
INSTRUCTIONS					Item 3	Er	Employer(s) Name(s) and Address(cs)					
	o should file 617 Idaho (ny lobbyist registered t	mder Section	Saint Alphansus RMC No.1 1095 N. Courtis Rd. Boise ID 83706							
Filing deadline: Annual report is due on January 31st.												
TO BE FILED WITH: Ben Yaursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282					No.3				• • • • • • • • • • • • • • • • • • • •			
					No.4							

ltem 4	Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangit personal property to any Legislator, or for or on behalf of any legislator.								
	מ		Amount			Name of Lagislator Receiving	or Bene	filed	
Subject 17 17 17 29 17 17 29 17 29 17 29 17 29	or He the L	BEIL, Ro	Renolation or other as supporting or o solution or Other typ Johns. Number 1105 L 104	tion, the number of the Senate registantive activity in which opposing. Appropriation Bill Number and Section Number	01 02 03 04 05 06 07 08 09 10	Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, textation, revenue, budget, appropriations, bids, foos, funds Government, Securit		Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, endes Insurance (excluding health insurance) Labot, salaries and wages, collective bergaining Law enforcement, courts, judges, crimes, prisons License, pormits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, set distributions, techniques, techniques, the products of the produc	
				ebove is a true, complete and to 67-6624 Idahe Code.		Employer No. 1 signature Employer No. 2 signature Employer No. 3 signature Employer No. 4 signature		Date Date Date Date	